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## DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

 □ Declaration Submitted with Initial Filing

a valid OMB control number.

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

required)

Attorney Docket Number First Named Inventor		SEA9274 John A. Mount				
Application Number	09/494,787					
Filing Date	Janu	ary 31, 2000				
Group Art Unit						
Examiner Name	Unk	nown				

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
AUTOMATED REGISTER DATA TRANSFER RESPONSIVE TO ZONE								
TRANSITION EVENTS IN A DISC DRIVE								
the specification of which (Title of the Invention)								
is attached hereto								
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
<u> </u>	<u> </u>							
Application Number		as amended on (MM/DD/Y	. —	(if applicable).				
I hereby state that I have reviewed amended by any amendment speci			tified specification	, including the claims, as				
I acknowledge the duty to disclose	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
	The state of the s							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
			<b>X</b>					
Additional foreign application nur	nbers are listed on a	supplemental priority data	sheet PTO/SB/02	2B attached hereto:				
LI Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY)								
60/150,712 08/25/1999			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the

United States of Artherita, listed below and, insolar as the subject fraction of each of the chains of this application in the provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.	U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)				
	I U.S. or PCT internation										
As a named inv	ventor, I hereby appoin c Office connected there	ewith: 🔲 (	Customer Numb OR	ber		ation number li		→┌	Place Cust Number Bar Label he	omer Code	
	Name		Registi Num			Nar	ne			stration mber	
Jonathan		İ	41,231		Ragh	unath S. Mi	nisandr	am			
Shawn B.	Dempster		34,321						}		
Edward P	ard P. Heller 29,075										
Additional	registered practitioner(s	) named on	supplemental F	Registered P	ractitioner	Information she	eet PTO/	SB/02C	attached here	to.	
Direct all correspondence to: Customer Number or Bar Code Label			OR X Correspondence address belo				ress below				
Name	Jonathan E. Ol	lson									
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Country	U.S.A.	A. Telephone (612)			402-2241 Fax (612) 402-2657				57		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor					ntor						
Given Name (first and middle [if any])			Family Name or Surname								
John A. Mount											
Inventor's					410						
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Post Office A	ddress				<del>,</del>		<b></b>				
City	Longmon	nt State	co	ZIP	80503		Cou	intry	USA		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto											